Federal Communication Washington, D.C. 20554				Approve 3060-0390 (A	d by OMB	FOR FCC USE ONL CODE NO. B3951		116АЈУ	-
2									
BROADCAS	T STAT	ION ANN REPORT		APLOYM	ENT				
SECTION I		<u> </u>							
Legal Name of the TICHENOR LICE!	Licensee NSE CORP	ORATION							
Mailing Address 200 EAST BASSE									
City SAN ANTONIO	<u></u>		<u>-</u>		State or address) TX	Country (if forei		p Code 209 - 8328	
Telephone Number 2108222828	(include ar	ea code)				Address (if avails	able)		
2108222828			Facility II 40777) Number	l	Call Sign KBFM			
CECTION H									
SECTION II A. TYPE OF RESPONDENT:		Commercial Radio Radio TV Low Por	wer TV	t Station	C Ed	mmercial Broadducational Radio	east Station	Headqua	uters
stations which share		re employee	S.						
				Station L	lst				
List call sign and low	cation of all more emplo	l stations the	se employ	ees are on th	nis report	. This should inc	lude comm	nonly owned sta	ntions
Call Sign		y ID Numbe	T	(checl	Type k applica	ble box)		Location (City/State)	
KGBT		67067			M C FM			RLINGEN, TX	
			7				-		
Call Sign	Facili	ity ID Numb	er	(ch	Typ eck appli	pe cable box)		Location (City/State)	
KGBT		6662		Ç	AM 🎱	FM C TV	1	MCALLEN, TX	.
[·						
Call Sign	Facility	y ID Numbe	r	(checl	Type applicat	ble box)		Location (City/State)	
KIWW		67072			и © FM			RLINGEN, TX	
C-11 g: 1	17:	m v			**				
Call Sign	raculty l	ID Number		(check ap	Type plicable	box)		ocation lity/State)	
,									

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBFM	40777	C AM © FM C TV	EDINBURG, TX

K.	CTION HI
	PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000
В.	CHECK APPLICABLE BOX
C	Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
©.	Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

	MALE				
TOTAL	WHITE	BLACK	HISPANIC	ASIAN OR	AMERICAN
(a-j)	(NOT	(NOT	(c)	PACIFIC	INDIAN,



	Job Categories		HISPANIC) (a)	HISPANIC) (b)	\$ \$	ISLANDER (d)	ALASKAN NATIVE (e)
	Officials & Managers	5	2		1		
2.	PROFE SS IONALS	18	4	:	8		
3.	RECHNICIANS		1			•	
4.	SALES WORKERS	7	2		1		·
5.	OFFICE & CLERICAL	4			1		·
	CRAFT WORKERS (SKILLED)		- 			• . ·	ľ
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)		·				-
	SERVICE WORKERS						
10.	TOTAL	35	9		11] '	

			FEMALE				
	Job Categories	,	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS		1		1		
2.	PROFESSIONALS			,	6		
_	TECHNICIANS						
	SALES WORKERS		1		3		
5.	OFFICE & CLERICAL			į	3		
6.	CRAFT WORKERS (SKILLED)				<u> </u>		
L	OPERATIVES (SEMI-SKILLED)			•			
	LABORERS (UNSKILLED)						
	SERVICE WORKERS						
10.	TOTAL		2		13		

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

				MALE		in the second of		
	Job Categories		TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS				1			
	Profe s sionals	-8	6	2	· ·	2		
3.	TECHNICIANS							
4.	SALES WORKERS			1				
5.	OFFICE & CLERICAL		l İ					
6.	CRAFT WORKERS (SKILLED)		• 					
7.	OPERATIVES (SEMI-SKILLED)							
8.	LABORERS (UNSKILLED)							
	SERVICE WORKERS							
10.	TOTAL		6	2		2		

Г		FEMALE			·	
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS &	 				
	MANAGERS PROFESSIONALS	1		<u></u>]	į
	TECHNICIANS	<u> </u>		<u> </u>	•	
4.	SALES WORKERS					
5.	OFFICE & CLERICAL					
6.	CRAFT WORKERS (SKILLED)					
7.	OPERATIVES (SEMI-SKILLED)					
	LABORERS (UNSKILLED)					
	SERVICE WORKERS	·	•		_	
10.	TOTAL	 1		1		

Additional Information [Exhibit 1]



Federal Communication Washington, D.C. 205	and the second second		Арргоус 3060-0390 (л	ed by OMB April 2000)	FOR FCC USE ONLY CODE NO.B395B - 20001116AHI			
BROADCA	ST STAT	ON ANNUAL REPORT	EMPLOYM	OYMENT				
		REFURI				- 1		
ECTION I								
Legal Name of the		ORATION						
Mailing Address 200 EAST BASS								
City	E KOAD	·		State or	Country (if foreign	Zip Cod	le	
SAN ANTONIO				address) TX		7 82 09 -		
Telephone Number 2108222828	er (include ar	ea code)		-	Address (if available)		
.100222020		Facilit 36948	ty ID Number		Call Sign KAMA			
SECTION II								
A. TYPE OF		Commercial Broad	least Station	Nonco	mmercial Broadcast	Station	Headquarters	
RESPONDENT:		Radio	icast Station		ucational Radio	Station	O HQ	
		C TV		C Educational TV				
		C Low Power TV	7					
		C International	· -	ļ				
Stations Location	s]	······································				······································	······································	
			Station L	ist				
ist call sign and l			oloyees are on th	iis report	. This should include	commonly	owned stations	
Call Sign		ity ID Number	(6	T heck app	ype olicable box)		ocation ity/State)	
KBNA		67065	0	AM C	FM C TV	EL	PASO, TX	
		· ·		•				
Call Sign	Facil	ity ID Number	(ype blicable box)		ocation ity/State)	
KBNA		67066	C	AM ©	FM O TV	EL	PASO, TX	
Call Sign	Facil	ity ID Number	(0		ype licable box)		ocation ty/State)	
KHEY		69561	6	AM C	FM C TV		ASO, TX	
C.B.C.	-					7		
Call Sign	Facili	ty ID Number	(c		ype licable box)	17	ocation ty/State)	

KHEY	69563	C AM C FM C TV	EL PASO, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KPRR	68688	O AM ® FM O TV	EL PASO, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTSM	67771	● AM ○ FM ○ TV	EL PASO, TX
		y .	-1
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTSM	67762	O AM ® FM O TV	EL PASO, TX
			
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KAMA	36948	● AM C FM C TV	EL PASO, TX

SEC	CTT	ON	Ш	

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Tide VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date	



SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	13	9		1		\ ³ /
2.	PROFE S SIONALS	19	9		4		
3.	TECHNICIANS	5		2	·	•	
	SALES WORKERS	17	4		2	·	
	OFFICE & CLERICAL	10		-	2		
	CRAFT WORKERS (SKILLED)		-	ı,			
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)						
	SERVICE WORKERS			(
10.	TOTAL	64	22		11		

L			FEMALE				,
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
I.	OFFICIALS & MANAGERS		3				
2.	PROFESSIONALS	}	4		1		1
3,	TECHNICIANS		1		2]	
4.	SALES WORKERS		2	1	8		
	OFFICE & CLERICAL		2		6		
	CRAFT WORKERS (SKILLED)			,	· 		
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS						



	(UNSKILLED)	L			1	1	
9.	SERVICE WORKERS						
10	D.TOTAL	12	1	17	1		1

B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

	•		MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	(c)	ASIAN OR PACIFIC ISLANDER (d)	INDIAN,
	OFFICIALS & MANAGERS						
	PROFESSIONALS	15	2	2	6	1	ŀ
3.	TECHNICIANS	9	2	1	4		
4.	SALES WORKERS						
5.	OFFICE & CLERICAL	8	2	1	2		
6	CRAFT WORKERS (SKILLED)				·		
	OPERATIVES (SEMI-SKILLED)						
Ŀ	LABORERS (UNSKILLED)		4				÷
	SERVICE WORKERS						3
10.	TOTAL	32	6	4	12	1	1

Г		FEMALE				
] 	Job Categories	WHITE (NOT ISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS					
	PROFESSIONALS	2		2		
	TECHNICIANS	1		1		
	SALES WORKERS					
5.	OFFICE & CLERICAL	2		1		
6.	CRAFT WORKERS (SKILLED)					

7.	OPERATIVES (SEMI-SKILLED)					
8.	LABORERS (UNSKILLED)					
9.	SERVICE WORKERS			e e e e e e e e e e e e e e e e e e e	-	
10	TOTAL		5]	4	
				<u> </u>		
~~~		·····	····	<del></del>	***************************************	 
Récessé.						
		Addition	nal Information	Exhibit 1]		

Exhibits

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					FOR FC	C USE ONL	Y		
Federal Communicate Washington, D.C. 20			30	Approved by 60-0390 (April	OMB CODE N			116A	ВУ
	*								
BROADCA		ON ANNU REPORT	AL EMP	LOYME	T				
SECTION I									
Legal Name of t HBC LICENSE		ON				•			
Mailing Address 200 EAST BAS	SE RD								
City SAN ANTONIC				ŀ	State or Coun address) FX	try (if for	eign	Zip Co 78209	ode - 8328
Telephone Num 2108222828	ber (include ar	ea code)			E-Mail Addre	ess (if ava	ilable)		
2108222828			acility ID N 4425	umber	C: K	all Sign FI			
erction II	<u> </u>	<u> </u>		<del></del>	· · · · · · · · · · · · · · · · · · ·				
Commercial Back RESPONDENT:  Commercial Back		er TV		Noncommercial Broadcast Static C Educational Radio C Educational TV		east Station		Headquarters  HQ	
B. List call sign stations which si	nare one or mo	re employees.							
List call sign and	l location of al	l stations those		Station List are on this		should inc	lude comn	nonly o	wned stations
which share one Call Sign		) Number	(che	Type ck applicab	le box)			cation y/State)	
KIIS	58:	521		AM C FM		C	ANYON C		
L			<u></u>						
Call Sign	Facility	ID Number			ype olicable box)			Location City/St	
KLAC		59958		© AM C	FM C TV	]	LOS	ANGEI	LES, CA
									¥
Call Sign	Facility	ID Number		T (check app	ype blicable box)		(	Location City/Stu	
KTNQ		35673		● AM C	FM C TV		LOS	ANGEL	ES, CA
	· · · · · · · · · · · · · · · · · · ·		11			ır			
Call Sign	Facility	ID Number			ype licable box)		(	Location City/Stu	
			1						

KXTA	19219	© AM C FM C TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K261	70039	O AM © FM C TV	NEW HALL, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K280	14241	C AM ® FM C TV	THOUSANDS OAKS, CA
Call Sign	Facility ID Number	Туре	Location
Call Sign	racinty in Number	(check applicable box)	(City/State)
K292	34426	C AM © FM C TV	SIMI VALLEY, CA
ous r	77 - 11's - 775 by 1	T	T
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KACD	33902	C AM © FM C TV	SANTA MONICA, CA
			Location
Call Sign Facility ID Number		Sign Facility ID Number Type (check applicable box)	
KBCD	33904	C AM © FM C TV	NEWPORT BEACH, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBIG	6360	C AM O FM C TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KCMG	35022	C AM ® FM O TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
киѕ	19218	C AM FM C TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
кквт	70038	C AM ® FM C TV	LOS ANGELES, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
III.	35086	C AM © FM C TV	LOS ANGELES, CA
KLVE	ا موردد	I WAMSEMANTV	II LOD MINDELED, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KOST	34424	C AM © FM C TV	LOS ANGELES, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KRCD	1025	O AM ® FM O TV	INGLEWOOD, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KRCV	19088	C AM ® FM C TV	WEST COVINA, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KSCA	24548	C AM © FM C TV	GLENDALE, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KYSR	36019	C AM © FM C TV	LOS ANGELES, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KFI	34425	€ AM C FM C TV	LOS ANGELES, CA	

#### SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

## B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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ACO.__ 1/04/00

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date 11/15/2000	

## SECTION V EMPLOYEE DATA

## A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

## **SECTION V - EMPLOYEE DATA**

#### FULL-TIME PAID EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	60	33	2	4	1	1
2.	PROFESSIONALS	72	40	4	5		_
3.	TECHNICIANS	40	21	6	7	2	]
	SALES WORKERS	80	23	5	2	2	
	OFFICE & CLERICAL	88	14	2	13	3	
	CRAFT WORKERS (SKILLED)					,	
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)					_	
	SERVICE WORKERS	1			1		
10.	TOTAL	341	131	19	32	8	1

Г		FEMALI	3			
	Job Categories	WHITE (NOT HISPANIC (f)	BLACK (NOT ) HISPANIC) (g)	(h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (i)
	OFFICIALS & MANAGERS	12	1	2	4	
2.	PROFESSIONALS	· 16	3	3	1	
3.	TECHNICIANS	1	1	2		
	SALES WORKERS	35	. 1	9	3	
	OFFICE & CLERICAL	26	4	14	10	2

6. CRAFT WORKERS (SKILLED)					
7. OPERATIVES (SEMI-SKILLED)			÷		
8. LABORERS (UNSKILLED)					
9. SERVICE WORKERS					
10.TOTAL	90	10	30	18	2

## B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

## **SECTION V - EMPLOYEE DATA**

## PART-TIME PAID EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	(c)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS						
2.	PROFE <b>S</b> SIONALS	42	26	2	2		<u>.</u>
3.	TECHNICIANS	41	28	1	- 8	1	<u> </u>
	SALES WORKERS						
	OFFICE & CLERICAL	87	28	3	22		:
	CRAFT WORKERS (SKILLED)					_	3 §
7.	OPERATIVES (SEMI-SKILLED)	1			1		
	LABORERS (UNSKILLED)				•		
	SERVICE WORKERS	1			1		
10.	TOTAL	172	82	6	34	1	<u></u>

Γ	FEMALE							
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	(h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE	
1.	OFFICIALS & MANAGERS	7						
2.	PROFESSIONALS		9	1	2			
3.	TECHNICIANS		2		1			
4.	SALES			'		I		

WORKERS OFFICE & CLERICAL	19	2	9	4	
CRAFT WORKERS (SKILLED)			<u> </u>	<u> </u>	t .t
OPERATIVES (SEMI-SKILLED)				4.	
LABORERS (UNSKILLED)					
SERVICE WORKERS					•
TOTAL	30	3	12	4	٦

## Additional Information [Exhibit 1]

## Exhibits

Federal Communications Comm Washington, D.C. 20554	nission App 3060-03:	proved by OMB 90 (April 2000)	FOR FCC USE ONLY  CODE NO.B395B - 20001116AMG		
BROADCAST ST	FATION ANNUAL EMPLOY REPORT	YMENT			
SECTION I					
Legal Name of the Licen KLSQ-AM LICENSE C					
Mailing Address 200 EAST BASSE ROA	D				
City SAN ANTONIO			State or Country (if foreign Zip Code address) 78209 - 8 TX		
Telephone Number (inclu 2108222828	nde area code)	E-Mail Address (if available)			
	Facility ID Numbe 36694	er .	Call Sign KLSQ		
SECTION II					<u></u>
A. TYPE OF RESPONDENT:	Commercial Broadcast Station  Radio		mmercial Broadcast Stati ucational Radio		Headquarters O HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

C Educational TV

C Low Power TV International

C TV

[Stations Locations]

#### Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLSQ	36694	● AM O FM O TV	EAST LAS VEGAS, NV

## SECTION III A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000 B. CHECK APPLICABLE BOX Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC) Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Signed Print Name RICK WOLF Title Telephone No. (include area code) VP, CORPORATE COUNSEL Date 11/15/2000  SECTION V EMPLOYEE DATA  A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]  B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]  Additional Information [Exhibit 1]	I certify to the best of my knowledge, informat	tion and belief, all statements contained in this report are true and correct.
Title VP, CORPORATE COUNSEL Date 11/15/2000  SECTION V EMPLOYEE DATA  A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]  B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]  Additional Information [Exhibit 1]		Print Name
VP, CORPORATE COUNSEL Date 11/15/2000  SECTION V EMPLOYEE DATA  A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]  B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]  Additional Information [Exhibit 1]		
Date   11/15/2000  SECTION V EMPLOYEE DATA  A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]  B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]  Additional Information [Exhibit 1]		Telephone No. (include area code)
SECTION V EMPLOYEE DATA  A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]  B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]  Additional Information [Exhibit 1]		210-832-33
SECTION V EMPLOYEE DATA  A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]  B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]		
A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]  B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]  Additional Information [Exhibit 1]	11/13/2000	
[Full-Time Paid Employee Data]  B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]  Additional Information [Exhibit 1]	SECTION V EMPLOYEE DATA	
[Part-Time Paid Employee Data]  Additional Information [Exhibit 1]		
[Part-Time Paid Employee Data]  Additional Information [Exhibit 1]	**************************************	
[Part-Time Paid Employee Data]  Additional Information [Exhibit 1]		
Additional Information [Exhibit 1]	B. PART-TIME PAID EMPLOYEE DATA	
	[Part-Time Paid Employee Data]	
	**************************************	
Exhibits	A	dditional Information [Exhibit 1]
Exhibits		
Exhibits		
EAGIDIES	E-hihita	
	EXAMPLE	

Federal Communications Washington, D.C. 20554	Commission		Approved 3060-0390 (A	d by OMB pril 2000)	FOR FCC USE ONLY CODE NO. B395B -	2000111	6AFA
BROADCAST		ON ANN REPORT	UAL EMPLOYM	ENT			
SECTION I							
Legal Name of the L						<del></del> -	
CITICASTERS CO. Mailing Address							
200 EAST BASSE F	SD			<b>K</b> 14-4-	G		7:- 0-4-
City SAN ANTONIO				addr TX	or Country (if forei	gu	Zip Code 78209 - 8328
Telephone Number (	include are	ea code)		E-M	ail Address (if availa	ıble)	
2108222828			Facility ID Number 51514		Call Sign KOGO		
SECTION II				<del>                                     </del>	<u> </u>		
					Headquarters C HQ		
3. List call sign and tations which share Stations Locations]	one or mor	all stations e employee	whose employees are os.	on uns re	eport. This should in		monly owned
			Station L	ist ,			
List call sign and loc which share one or n	ation of all	stations the	ose employees are on th	is repor	t. This should includ	e common	ly owned stations
Call Sign		y ID Numb	er (chec	Type k applic	e able box)		ocation ity/State)
КРОР		34452	<b>⊙</b> A	MOF	M C TV	SAN	DIEGO, CA
Call Sign	Facilit	y ID Numb	er (chex	Typek applie	e able box)		ocation lity/State)
KSDO		51 166	© A	M C) F	M C TV	SAN	DIEGO, CA
Call Sign		y ID Numb		Type kapplic	e able box)		ocation ity/State)
KGB		34454	O _A	м 🏵 F	M C TV	SAN	DIEGO, CA
Call Sign	Facilit	y ID Numb		Ty eck appl	pe icable box)		Location City/State)

кнтѕ	20697	C AM © FM C TV	EL CAJON, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KIOZ	13504	C AM © FM C TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KJQY	58821	C AM ® FM C TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLNV	51515	C AM © FM C TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLQV	51164	C AM © FM C TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KMSX	67664	C AM G FM C TV	CARLSBAD, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KPLN	59816	C AM © FM C TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KYXY	51671	C AM ® FM C TV	SAN DIEGO, CA
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOG0	51514	• AM • FM • TV	SAN DIEGO, CA

## SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

## B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)

  Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

#### SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date 11/15/2000	

#### SECTION V EMPLOYEE DATA

#### A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

#### **SECTION V - EMPLOYEE DATA**

#### **FULL-TIME PAID EMPLOYEE DATA**

Г	T T		MALE	· · · · · · · · · · · · · · · · · · ·			
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS	37	22		1		
2.	PROFESSIONALS	72	49	2	6	1	]
3.	TECHNICIANS	32	23	3	3	1	]
4.	SALES WORKERS	70	33	1	3		
5.	OFFICE & CLERICAL	48	8	2	2		1
6.	CRAFT WORKERS (SKILLED)		· · · · · · · · · · · · · · · · · · ·			•	
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)						·
	SERVICE WORKERS						
10.	TOTAL	259	135	8	15	2	1

_		 				
		 FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	
1.	OFFICIALS & MANAGERS	10	·	2.	2	
2.	PROFE <b>S</b> SIONALS	10	_1	1	1	1
3.	TECHNICIANS	2				
	SALES WORKERS	30		2	]	1
	OFFICE & CLERICAL	25	2	4	4	
	CRAFT WORKERS (SKILLED)					
7.	OPERATIVES (SEMI-SKILLED)					
	LABORERS (UNSKILLED)					
	SER VICE WORKERS					
10.	TOTAL	77	3	9	7	2

## B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]

## SECTION V - EMPLOYEE DATA

## PART-TIME PAID EMPLOYEE DATA

Г			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS						_
2.	PROFESSIONALS	25	13	3	1	1	]
3.	TECHNICIANS	30	21	2	2	]	
4.	SALES WORKERS						_
5.	OFFICE & CLERICAL	42	11	1	9	3	
6.	CRAFT WORKERS (SKILLED)					·	
7.	OPERATIVES (SEMI-SKILLED)		•				
	LABORERS (UNSKILLED)	2	2				
	SERVICE WORKERS						

Exhibits

10.	TOTAL	99	47 .	6	12	4	
			FEMALE				
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	
	OFFICIALS & MANAGERS					· .	
	PROFESSIONALS		7			•	
_	TECHNICIANS		3	1	<u> </u>	<b>J</b>	
	SALES WORKERS						,
5.	OFFICE & CLERICAL		14	1	1	2	
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)					V	
9.	SERVICE WORKERS						_
	TOTAL		24	2	2	2	
				······			••••
<del>Newson</del> e,		Additiona	I Information	Exhibit 1]			
*******					***************************************		

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Federal Communication				Approved by	OMB	FOR FCC USE ONLY CODE NO.B395B		A CH I
Washington, D.C. 205	554		306	50-0390 (April :	2000)	0000110.230702	20001110	100
BROADCA		ION ANN REPORT	UAL EMPL	OYMEN	T			
SECTION I								
Legal Name of th CLEAR CHANN		CASTING L	ICENSES, INC	C				
Mailing Address 200 EAST BASS	E ROAD							
City SAN ANTONIO				State or ( address) TX	Count		ip Code 8209 - 8328	
Telephone Numb 2108222828	er (include ar	ea code)		E-Mail A	Addres	s (if available)		
			Facility ID Nu 11919	mber	Call KAJ	Sign A		
		T						T
A. TYPE OF Commercial Broads RESPONDENT: RESPONDENT: Commercial Broads Radio Commercial Broads Commerc			wer TV		on Noncommercial Broadcast Station Headqua  C Educational Radio C Educational TV			Headquarters  HQ
stations which sha				<del>,</del>				
			St	ation List				
List call sign and which share one o			se employees a	are on this r	report.	. This should incl	ude commonly	owned stations
Call Sign	Facility	ID Number		Ty (check appl	pe licable	box)	Locat (City/S	
KCOR	(	67069	نعيب السيبي	© _{AM} C			SAN ANTO	NIO, TX
						<u> </u>		
Call Sign	Facility	ID Number	(	Ty (check appl	pe licable	box)	Locat (City/S	
кохт	l	11962		C AM 💇	FM (	TV	SAN ANTO	NIO, TX
	77. 11.1		<del></del>				<del></del>	
Call Sign		ID Number		Ty check appl		box)	Locat (City/S	· ·
KROM	6	57071		O AM 👁	FM (	TV	SAN ANTO	NIO, TX
·							- r	
Call Sign	Facilit	ty ID Numbe	я	(check a	Type applica	able box)	IK .	cation /State)
<u> </u>				(CHOCK &	ppnc	ole (OX)	(City	/State)

кѕл	210	© AM C FM C TV		SOMERSET, TX	
	111111111111111111111111111111111111111				
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State		
KSJL	25904	C AM ® FM C TV		DEVINE, TX	
Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)	
KTKR	11945	● AM C FM O TV	SA	N ANTONIO, TX	
Call Sign	Facility ID Number	Туре		Location	
		(check applicable box)		(City/State)	
KXTN	67070	© AM C FM C TV	SA	N ANTONIO, TX	
Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)	
KXTN	67064	O AM O FM O TV	SA	N ANTONIO, TX	
Call Sign	Facility ID Number	Туре		Location	
		(check applicable box)		(City/State)	
KXXM	28668	C AM C FM C TV	SA	N ANTONIO, TX	
Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)	
WOAI	11952	● AM C FM C TV	SA	N ANTONIO, TX	
	1	- I			
Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)	
KAJA	11919	C AM © FM C TV	SA	N ANTONIO, TX	

## SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

## B. CHECK APPLICABLE BOX

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

## SECTION V EMPLOYEE DATA

#### A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

#### **SECTION V - EMPLOYEE DATA**

#### FULL-TIME PAID EMPLOYEE DATA

Γ			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	7	5				3-6
2.	PROFESSIONALS	39	23		5		
3.	TECHNICIANS	4	3	1		_	
4.	SALES WORKERS	42	12		2		
5.	OFFICE & CLERICAL	16	1		3		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10.	TOTAL	108	44	1	10		

	FEMALE	, <u>, , , , , , , , , , , , , , , , , , </u>	·		
Job Categories	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	(h)	PACIFIC PACIFIC	AMERICAN INDIAN, ALASKAN

			(f)	(g)		<b>(i)</b>	NATIVE (i)
1.	OFFICIALS & MANAGERS		2		<del></del>		
	PROFESSIONALS TECHNICIANS		7	2`	2		
	SALES WORKERS	į	20	2	6		
5.	OFFICE & CLERICAL		10		2		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10	TOTAL		39	4	10		

## B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]

## SECTION V - EMPLOYEE DATA

## PART-TIME PAID EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS						
2.	PROFESSIONALS	25	13	3	6	ļ	
3.	TECHNICIANS						
4.	SALES WORKERS			_		,	
5.	OFFICE & CLERICAL	10	3		1		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10	TOTAL	35	16	3	7	1	

_	
	FEMALE
£	
厂	
	•

	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	(h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS	]		-	***************************************		
_	PROFE <b>S</b> SIONALS		2	1			
	TECHNICIANS	]					
	SALES WORKERS					÷	
	OFFICE & CLERICAL		1	1	4	]	
б.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)	1					
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS						
10	TOTAL	1	3	2	4		

Additional Information [Exhibit 1]

**Exhibits** 

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